

INSTRUCTIONS

OEO FORM 240 GRANTEE PROJECT REVIEW REPORT

The Grantee Project Review Report is due by the 10th working day of the month following the end of each quarter.

Complete only the highlighted sections. Each tab is for one sheet of the report.

Section I - Identification

Enter the identifying information on the appropriate line.

Section II - Approval Certification

This section of the Report must bear the original signature of the Executive Director or Board Chairperson.

Section III - Project Results

NOTE: A separate Project Results form must be completed for each project. In instances where more than one OEO grant is used for one project, a separate project results form must be completed for each grant.

1. Indicate the type of grant; then enter the project name, project budget amount, and project expenditures for the quarter and to date. The long-range goal and the project one-year objective should be stated exactly as they appear in the One-Year Work Program (OEO Form 212) of the current grant agreement.
2. Enter the performance measure for the project exactly as it is stated in Attachment D (Key Measures of Accomplishment) of the current grant agreement. Enter planned results from the Implementation Schedule of the appropriate OEO Form 212.
3. Enter the efficiency measure for the project exactly as it is stated in Attachment D (Key Measures of Accomplishment) of the current grant agreement. To calculate the planned efficiency result, divide the total number of participants to be served into the total project budget amount. The actual efficiency result is determined by dividing the actual number of participants served to date by the actual amount of funds expended to date.
4. In instances where planned quarterly results are not met, indicate the reason(s) in the Problems section. Also include any planned action to resolve the problems in the Planned Changes section, adding additional pages as necessary.
5. Any additional information regarding the successful implementation of the project should be included in the Other Accomplishments section, adding additional pages as necessary.

Section IV - Participant Characteristics

Participant characteristics should be completed on all participants for the first quarter; only new participants should be included in the second and third quarters. **Information on all participants served should be included in the fourth quarter report and the total number of participants should agree with the *actual to date* number shown in the corresponding performance measure.**

Section V - CSBG Administrative Support Results

A CSBG Administrative Support Results form must be completed for each grant for which CSBG administrative support has been approved.

GRANTEE PROJECT REVIEW REPORT**Section I IDENTIFICATION****GRANTEE NAME****ADDRESS****E-MAIL****TELEPHONE NUMBER****BOARD CHAIRPERSON****GRANT PERIOD**July 1, 2006 To June 30, 2007**SUBMISSION PERIOD:**
(Please check one)

1st Quarter

☐

2nd Quarter

☐

3rd Quarter

☐

4th Quarter

☐**Section II APPROVAL CERTIFICATION**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS PROJECT REVIEW REPORT IS CORRECT AND HAS BEEN SUBMITTED TO THE BOARD OF DIRECTORS OR WILL BE SUBMITTED TO THE BOARD OF DIRECTORS AT THE NEXT SCHEDULED BOARD MEETING FOR REVIEW.

EXECUTIVE DIRECTOR (Typed Name)**SIGNATURE****DATE**

Section III PROJECT RESULTS

Grant Type:

CSBG

Other

Project Name:

Project Budget:

\$

EXPENDITURES:

Quarter

To Date

Long-Range Goal:

Project One-Year
Objective:**PERFORMANCE MEASURE****PERFORMANCE RESULTS****PLANNED****ACTUAL**

Quarter

To Date

Quarter

To Date

EFFICIENCY MEASURE**EFFICIENCY RESULTS****PLANNED****ACTUAL**

(Space for comments is limited. Please attach additional sheets as needed.)

Problems

Planned Changes

Other Accomplishments

Section IV PARTICIPANT CHARACTERISTICS

CSBG

Other

PROJECT NAME:

GENDER

Female

Male

TOTAL

0

AGE

17 or under

18 - 23

24 - 44

45 - 54

55 - 69

70+

TOTAL

0

RACE

Black

White

Hispanic

Native American

Asian

Other

TOTAL

0

LEVEL OF INCOME

\$0 - 9,800

9,801 - 13,200

13,201 - 16,600

16,601 - 20,000

20,001 - 23,400

23,401 - 26,800

26,801 - 30,200

30,201 - 33,600

33,601+

TOTAL

0

SOURCE OF INCOME

Employment

TANF

SSI

Social Security

Pension

Unemployment Comp.

No Income

Other

EDUCATION

0 - 8

9 - 12 (non-graduate)

High School Grad/GED

College (non-graduate)

Coll./Tech. School Grad.

TOTAL

0

FAMILY TYPE

Single Parent (Female)

Single Parent (Male)

Two-Parent Household

Single Person

Two Adults (No Children)

Other

TOTAL

0

FAMILY SIZE

One

Two

Three

Four

Five

Six

Seven

Eight or more

TOTAL

0

OTHER

Food Stamp Recipient

Medicaid Recipient

Subsidized Housing

Own

Rent

Homeless

No Health Insurance

Disabled

Veteran

Farmer

Seasonal Farmworker

Migrant Farmworker

Section V CSBG ADMINISTRATIVE SUPPORT RESULTS

Title of Grant:

Approved Administrative Support Amount

EXPENDITURES:			
Quarter	<input type="text"/>	To Date	<input type="text"/>

Administrative Support is applied:
(Please check one) ☐ monthly ☐ quarterly ☐ annually